

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
09781 461

APPLICANT(S)

FILING DATE
08/19/01

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	IND.	DEP.	IND.	DEP.	IND.	DEP.	
	IND.	DEP.	IND.	DEP.	IND.	DEP.								
1	/						51	/						
2	/						52	/						
3	/						53	/						
4	/						54	/						
5	/						55	/						
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47	/						97							
48	/						98							
49	/						99							
50	/						100							
TOTAL IND.							TOTAL IND.	5						
TOTAL DEP.							TOTAL DEP.	60						
TOTAL CLAIMS							TOTAL CLAIMS	65						

BEST AVAILABLE COPY